

02/21/02



U.S. PTO

PTO/SB/05 (03-01)  
Approved for use through 10/31/2002 OMB 0651-0032

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 740116-361	
		First Inventor Wolfgang MEHNERT et al.	
		Title A PROXIMITY SWITCH AND A CABLE TERMINAL PART UNIT AND A PROCESS FOR ITS MANUFACTURE	
		Express Mail Label No.	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents, Box Patent Application Washington, DC 20231	
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 17 ] <i>(preferred arrangement set forth below)</i>		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications <i>(if applicable)</i>		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or	
- Statement Regarding Fed sponsored R & D <i>(if applicable)</i>		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix <i>(if applicable)</i>		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention		<b>ACCOMPANYING APPLICATION PARTS</b>	
- Brief Summary of the Invention		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
- Brief Description of the Drawings <i>(if filed)</i>		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney	
- Detailed Description		11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
- Claim(s)		12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
- Abstract of the Disclosure		13. <input type="checkbox"/> Preliminary Amendment	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7 ]		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
5. Oath or Declaration [Total Pages <input type="checkbox"/> ]		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
a. <input type="checkbox"/> Newly executed (original or copy)		16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>		17. <input type="checkbox"/> Other: _____	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)			
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____ Prior application information: Examiner _____ Group / Art Unit: _____			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	Zip Code
Country	Telephone	Fax	
Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)	27,997
Signature		Date	February 21, 2002

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